

FILED MAR 10 1950

STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

6368

1793

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2636 Lawton Ave</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle)		c. (Last) <u>Johnson</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>22</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 5, 1873</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cedartown, Georgia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>SANDERS JOHNSON</u>			
13b. MOTHER'S MAIDEN NAME <u>ESTHER HENDERSON</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Henderson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION Disease INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia and Hypertensive heart</u>				ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Chronic Glomerular Nephritis with</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Uremia</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>44.5X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>2-13</u> , 19 <u>50</u> , to <u>2-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-22</u> , 19 <u>50</u> , and that death occurred at <u>6:30a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James J. Seckman</u>				23b. ADDRESS <u>2601 N Whittier St</u>			
23c. DATE SIGNED <u>2-23-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>			
24b. DATE <u>2/24/50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hughes</u>			
DATE REC'D BY LOCAL REG. <u>FEB 24 1950</u>				ADDRESS <u>2620 Lawton</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James A. Carter

Licensed Embalmer No. *4681*

P. O. Address *1723 Subur*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.